

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90018 014 ***150.00

DOCUMENT # P98000083250

1. Entity Name

A JEWELL FULL SERVICE CATERING, INC.

Principal Place of Business

**7222 LINDA DR.
JACKSONVILLE FL 32208
US**

Mailing Address

**7222 LINDA DR.
JACKSONVILLE FL 32208
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3537758**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUGHES, PATRICIA E
9051 ADAMS AVE.
JACKSONVILLE FL 32208**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHES, RONALD	
STREET ADDRESS	1000 BROWARD RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALONE, PEGGY	
STREET ADDRESS	7222 LINDA DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHES, PATRICIA	
STREET ADDRESS	9051 ADAMS AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHES, SAM	
STREET ADDRESS	8352 CENTURY PT. DR. S	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/02 (904) 7682585

CR2E034 (9/01)